
KEEP THIS NOTIFICATION FOR YOUR RECORDS.

NAME: JONATHAN D SHOCKLEY

DATE ISSUED: 11/27/19
CLAIM EFFECTIVE DATE: 02/16/19

WEEKLY RATE: \$447.00 WEEKLY RATE IS FOR 7-DAYS

THIS IS YOUR NOTIFICATION OF AUTHORIZED BENEFIT PAYMENT(S) FOR THE PERIOD LISTED BELOW. YOU WILL BE PAID FOR EVERY DAY YOU ARE ELIGIBLE FOR BENEFITS, INCLUDING WEEKENDS.

IF YOU ARE NOT PAID FOR ANY DAYS, YOU WILL BE NOTIFIED WHICH DAYS WERE NOT PAID AND WHY THEY WERE NOT PAID IN THE MESSAGE AREA BELOW. THE OFFICE PROCESSING YOUR CLAIM IS:

EMPLOYMENT DEVELOPMENT DEPARTMENT

(800) 480-3287

PO BOX 1857

OAKLAND CA 94604-1857

YOUR BENEFIT PAYMENT COVERS THE FOLLOWING PERIOD(S): 11/04/19 THROUGH 11/06/19.

<u>NO. OF DAYS</u>	<u>BENEFIT AMT.</u>	<u>AMT. DEDUCTED</u>	<u>AMT. PAID</u>
3	\$166.28	\$0.00	\$166.28

MESSAGE-AREA**IMPORTANT NOTICE:** IF YOU DO NOT UNDERSTAND ANY FORM SENT TO YOU BY THIS OFFICE, CONTACT US FOR ASSISTANCE AT THE TELEPHONE NUMBER SHOWN ABOVE.NOTICE OF EXHAUSTION OF DISABILITY BENEFITS

YOU HAVE BEEN ISSUED THE LAST BENEFIT PAYMENT YOU CAN RECEIVE FROM YOUR PRESENT CLAIM FOR DISABILITY INSURANCE BECAUSE YOUR BENEFITS ARE EXHAUSTED.

IMPORTANT. IF YOUR DISABILITY IS PERMANENT AND IS EXPECTED TO CONTINUE, YOU MAY WISH TO CONTACT YOUR NEAREST FEDERAL SOCIAL SECURITY OFFICE OR THE STATE DEPARTMENT OF REHABILITATION TO DISCUSS YOUR ELIGIBILITY FOR BENEFITS AND/OR ASSISTANCE.

DE 2525-A REV. 3 (03-18)

EMPLOYMENT DEVELOPMENT DEPT
PO BOX 1857
OAKLAND CA 94604-1857

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11/26/19



PLEASE READ THE IMPORTANT MESSAGE AND THE REVERSE SIDE OF THIS NOTIFICATION.
YOUR PAYMENT IS BEING MADE VIA THE EDD DEBIT CARD.

JONATHAN D SHOCKLEY
1000 SUTTER ST # 123
SAN FRANCISCO CA 94109-5818